

Trust.

2014

When it comes to your family's health care, finding a doctor you trust is the first decision, and possibly the most important one you'll make. If you're looking for the best medical care available, you don't need to go very far.

The doctors and dentists appearing in these pages have been trained at many of the same world-renowned institutions and specialty training programs you'll find in downtown Chicago.

To receive the highest quality medical care available, we recommend that you start here.

A QUINTESSENTIAL FOCUS™ SPECIAL ADVERTISING SECTION

THE MEDICAL AND DENTAL PROFESSIONALS PARTICIPATING IN THIS SPECIAL ADVERTISING SECTION PROVIDED THE INFORMATION IN THESE ARTICLES. *QUINTESSENTIAL BARRINGTON* HAS NOT INDEPENDENTLY VERIFIED THE DATA.

The Heart of Dental Health

February has been proclaimed American Heart Month by the American Heart Association. To maintain good heart health, our physicians tell us to exercise frequently, watch our diet, and quit smoking. But did you know that good brushing and flossing and frequent checkups with your dentist could also keep your heart healthy? There is clear evidence today of a link between gum disease and cardiovascular disease. In fact, people with periodontal disease are almost twice as likely to have cardiovascular disease.

So, what is periodontal disease? It is a condition in which the bone surrounding the tooth root gradually deteriorates. When left untreated, the bone deteriorates so much that the teeth can actually become loose and fall out. Periodontal disease originates because dental plaque accumulates in a small crevice between the gums and the teeth. Dental plaque is largely composed of bacteria, and when very specific types of bacteria are present, a chronic infection begins. In the early stages of periodontal disease, the infection is usually pain free. The body and its immune system, however, recognize the infection and mount an immune response and inflammation toward it. It is the immune response and inflammation that cause the jawbone to deteriorate. So, in actuality, the bone loss seen in periodontal disease is the body's way to clear the infection.

The bacteria that cause periodontal disease and the resulting inflammation are what are believed to contribute to cardiovascular disease. Each year there are more deaths from heart disease than from cancer. Atherosclerosis, the most common cardiovascular disease, is the progressive hardening of the arteries due to the formation of plaques (not the same as dental plaque) within the arteries. When the size of the arteries carrying blood to the heart gets narrower or pieces of the plaque break off, the result can be a deadly heart attack or stroke.

It is not known exactly why periodontal dis-

ease has a link to heart disease. One theory is directly related to the bacteria. Experts know that bacteria from the mouth can enter the bloodstream through inflamed gums. These same bacteria have been found clumped in artery plaques. It is thought that these bacteria stick to the fatty plaques in the bloodstream, directly contributing to blockages. Researchers are also looking at the process of inflammation. In the presence of bacteria and infection, the body produces inflammation. Inflammation is seen in gingival tissue in the presence of bacteria, and it is possible that as the same oral bacteria travel through your body, they trigger a similar response, causing the blood cells to swell. This swelling could then narrow an artery and increase the risk of clots.

Medical doctors for years have known how to decrease the risk of heart disease. Routine exercise, smoking cessation, and healthy eating habits can all reduce the risk of heart attacks and stroke. Now we know that reducing the levels of bacteria and inflammation in the mouth can also lessen the risk of heart disease.

Oral health begins with a thorough examination with your dentist. A periodontal examination must be a part of any routine exam. If periodontal disease exists, treatment to arrest the disease and reduce the inflammation is imperative. Treatment by a periodontist, a dentist who specializes in the treatment of periodontal disease, may be necessary depending upon the severity of the condition. Oral health continues with effective home dental hygiene, which includes brushing your teeth and gums for a minimum of two minutes twice daily and flossing at least once daily.

The inflammation caused by periodontal disease has also been linked to other widespread systemic medical problems. For more information on these problems including heart disease, you can visit the American Academy of Periodontology's website at www.perio.org or ask your dentist at your next cleaning.

THOMAS JACKSON, D.D.S. PERIODONTICS



Thomas Jackson, D.D.S., is advanced-trained in periodontics and periodontal prosthesis. Dr. Jackson is a board-certified periodontist and the founder of the Chicago Center for Cosmetic & Implant Dentistry. He lectures nationally and internationally on issues relating to dental implants and cosmetics. Dr. Jackson is an associate professor at Northwestern University's, Feinberg School of Medicine, and he may be reached at 847-842-6900.

CHICAGO CENTER FOR COSMETIC AND IMPLANT DENTISTRY

205 West Main Street
Barrington, IL 60010

CONTACT INFORMATION:

Telephone: 847-842-6900
Email: team@cccid.com
Web: www.cccid.com

The Advantages of Invisalign for Beautiful Teeth

One only needs to look at the performance of Align Technology, Inc. (ALGN) over the past three years to know that they must be doing something right with their product, Invisalign. Invisalign corrects orthodontic misalignment of teeth with a series of clear plastic aligners that are custom fabricated for each individual patient. The clear aligners fit over the teeth and apply a gentle pressure to move each tooth into its correct position as directed by an orthodontist.

INVISALIGN HISTORY AND IMPROVEMENTS

As an alternative to orthodontic braces, Invisalign has been available as a treatment option to patients since May 2000. Invisalign was met with much enthusiasm from orthodontists when it first became available, but over the first several years, orthodontists began to realize that it was limited in its ability to correct most orthodontic problems. During this time, many orthodontists ended up placing traditional braces on approximately half of patients that were initially treated with Invisalign because Invisalign had failed to achieve the re-

ADVANCES IN ORTHODONTISTS' INGENUITY

Orthodontists that have continued to work with Invisalign have also learned to resolve problems previously thought uncorrectable with Invisalign. For example, severe rotations of teeth (greater than 30 degrees) can be corrected by bonding traditional attachments to the lingual (back side) of teeth where they cannot be seen. Overbites now can be corrected as well by placing precision cuts in the aligners for elastics. Orthodontists can also build additional features into the aligners such as bite turbos to correct deepbites or overlapping front teeth.

INVISALIGN VERSUS BRACES

Beyond the obvious fact that Invisalign provides a virtually invisible option for the correction of orthodontic misalignment, patients have also realized additional benefits from treatment with Invisalign versus traditional braces or lingual braces (braces placed on the back side of teeth). First, the aligners can be removed, which makes it easier for patients to maintain substantially better oral hygiene than is typically observed with patients in braces. And while hard and sticky foods must not be eaten with braces because of

the risk of breaking them off of the teeth, with Invisalign there are no dietary restrictions because the aligners can be removed while eating. This also means patients have to make less visits to the orthodontist to repair broken braces and poking wires. Braces also



sults desired by patients. Frustrated, many more orthodontists gave up on Invisalign entirely and stopped offering it as an option to patients. Then in 2010, Invisalign hired a new team of engineers that made improvements to the product such as SmartForce features for more predictable tooth movements and G3 attachments, which made it possible to treat more complex orthodontic problems. Since then, Invisalign has continued to make improvements with G4 attachments and the recent release of a new polymer material for aligner fabrication called SmartTrack which has further increased the predictability of tooth movements and has made a night and day difference with patient comfort in placing and removing aligners.

require adjustment by the orthodontist every 4-6 weeks. With Invisalign, there are less frequent and less time consuming visits to the orthodontist because the aligners do not require adjustment. Typically patients with Invisalign are seen every 8-12 weeks only to ascertain that the teeth are aligning as predicted.

Not all orthodontic problems can be corrected with Invisalign. Sometimes traditional braces are still needed. But with the recent advances in Invisalign and increasing ingenuity from orthodontists, many more patients can benefit from orthodontic correction with Invisalign than was previously possible. If you have been told in the past that the misalignment of your teeth cannot be corrected with Invisalign, contact an orthodontist today for a contemporary evaluation.

DR. RUSSELL M. VERBIC, DDS
HAYWARD, VERBIC & EDGCOMB
ORTHODONTICS



Dr. Russell Verbic attended the University of Illinois at Urbana-Champaign and received a B.S. degree in Chemical Engineering with Distinction in 1999. After working for several years as a research engineer in the aerospace industry, Dr. Verbic went back to school and received a D.D.S. from the University of Illinois at Chicago, College of Dentistry. During his time at the College of Dentistry, he received the highest awards for academic excellence conferred upon a student by both the Illinois State Dental Society and Chicago Dental Society. Following graduation from dental school, Dr. Verbic attended a three-year residency at the University of Illinois at Chicago and received a specialty certificate in Orthodontics and a M.S. degree in Oral Science. He is a member of the American Dental Association, American Association of Orthodontists, Illinois Society of Orthodontists, and Illinois State Dental Society.

CONTACT INFORMATION

2 LOCATIONS:

133 Park Avenue
Barrington, IL 60010
847-382-5588

600 N. Court, Ste. 220
Palatine, IL 60067
847-359-7980

WEB

www.barringtonbraces.com

Vein Disease Is *Not Just* a Disease of the Elderly and Actually Is Inherited

STEPHEN RIVARD, MD,
ACEP, RPhS, FACEP
VARICOSE VEIN SPECIALIST

My understanding of vein disease, and that of my physician peers, was about the same as the general public's when I first began to practice medicine. It was essentially that varicose veins and venous hypertension were an older person's disease and in the decade before someone retired, they would begin to experience varicose veins and then have them for the rest of their life. Much of what I believed about varicose veins was predicated on that long ago misunderstanding.

Now that the science of veins and vein disease has become a Board Certified medical specialty (Phlebology), the facts of the matter are known to be quite different. *Vein disease is predominantly genetically inherited* and actually begins to manifest, although not always visibly, in the mid – to late-teen years.

It is important to know this for several reasons. Early evaluation of venous flow in the legs

of young adults, whose parents have vein disease or varicose veins, *can prevent decades of suffering*. The genetic chance of inheriting varicose vein disease from one parent with known disease is about 40 percent; if both parents have the problem, it can jump to almost 90 percent!

I have successfully treated 15- to 20-year-olds in my practice, who already had *advanced* vein disease. When treated proactively, even before varicose veins develop, almost a lifetime of pain, fatigue, swelling, cramping, and poor blood flow can be avoided, not to mention the prevention of cosmetic issues. Moreover, younger women can also avoid the sometimes debilitating pain and complications of blood clots during pregnancy via the same proactive screening.

THE MODERN TREATMENT OF VEIN DISEASE

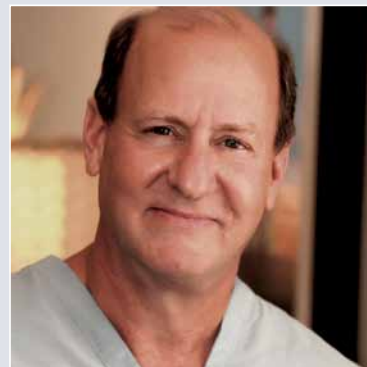
In previous generations having to live with chronic vein disease was almost taken for granted. That's because in those days treatments for varicose veins required anesthesia, a two-hour surgical intervention in a hospital, significant post-operative discomfort and were only successful about 50 percent of the time. And there was often a recurrence. No wonder many chose to live with the pain instead of having the surgery.

Modern treatment methods, however, are safer, almost pain free, far more successful—at a rate approaching 100 percent, and performed in a doctor's office with virtually no recurrence.

DR. RIVARD'S PHILOSOPHY: I can't think of a better career than medicine for someone, like myself, who's been intellectually curious as long as I can remember. The complexity of the human body that ages and changes over time and acts in an environment that may contain dangers like disease and accidents – what a wonder! What could be more challenging than puzzling out what's going on when a patient presents? The diagnosis we make is based on knowledge and experience, the information they provide and the testing that we do. What fun! And then I get to live a life of service to others by intervening and making the patient healthier than they were when we first met. If there is a better way to live, I don't know of it.

Contact Information:

STEPHEN RIVARD, M.D.
ILLINOIS VEIN SPECIALISTS
22285 Pepper Rd., Ste. 105
Lake Barrington
847-277-9100
www.IllinoisVeinSpecialists.com



Stephen Rivard, MD, ACEP, RPhS, FACEP is the Founder and Medical Director of Illinois Vein Specialists, SC, a Center of Excellence in the Diagnosis and Treatment of Vein Disease™, located in Lake Barrington, IL.

Dr. Rivard holds double Board Certification in Phlebology (the study of vein disease) and Emergency Medicine and he is also Certified in Ultrasonography, the key diagnostic technology employed in both diagnosing and treating vein disease.

As a member of the first group of physicians to be Board Certified in Phlebology, he has pioneered in the development of this new field of medicine and has treated thousands of patients. That's why he is a much sought after trainer of new phlebologists and, as the implications of vein disease have become better understood by the medical profession, Dr. Rivard has also become the region's go to diagnostician for anomalous medical findings.

His education and training include: B.S., Loyola University, Cum Laude with honors; M.D., Loyola University; Residency, Emergency Medicine, Butterworth Hospital, MI.; and Fellowship in Phlebology. Dr. Rivard carries the following Board Certifications: Diplomate, American Board of Phlebology; Diplomate, American Board of Emergency Medicine; and Fellow, American College of Emergency Medicine. He is also certified in Vascular Ultrasonography – the key diagnostic tool in diagnosing and treating varicose and spider veins.

Renewing Body Image Through Breast Restoration

A woman's sense of femininity is intimately related to the appearance of her breasts. A loss or disfigurement of the breast can arise as a result of a mastectomy or lumpectomy, a defect present since birth, or as an undesired outcome of a previous cosmetic surgery. In the past, a woman's options for restoration were limited in the ability to achieve a natural looking and natural feeling breast. New techniques, materials used in surgery, and design in breast implants have given the plastic surgeon an opportunity to provide a woman with beautiful results.

When complete restoration of the breast, or overall improvement of the breast shape is needed, a silicone gel breast implant is most commonly recommended. The most important issue of breast restoration surgery is the patient's safety, and very few devices in medicine have received more attention or undergone more research and testing over the past 30 years than the current generation of silicone gel breast implants.

After numerous studies showing long-term safety, silicone gel breast implants received U.S. FDA approval for cosmetic use in 2006, although patients undergoing reconstruction for breast cancer have always been afforded the option of silicone gel implants instead of saline-filled implants. Silicone is advantageous due to a softer, more natural feel of the implant, and today's fourth-generation of implants are further improved with a stronger shell that is designed to prevent any compromise of the implant. The gel is more cohesive (binding to itself) and if the

implant were cut in half, there would be no movement of the gel outside of the shell.

Ample tissue to cover and support a breast implant has long been an obstacle to women. Despite the natural feel provided by silicone implants, patients may have either had the majority of their breast tissue removed during a mastectomy, or may have very thin tissue from multiple prior surgeries, or as a result of heredity. Today, regenerative medicine and the development of bioengineered tissue substitutes, known as acellular dermal matrices (derived from a layer of the skin known as the dermis), provide substantial improvement. These tissue substitutes act as an internal skin graft, initially covering and supporting the implant, and ultimately becoming incorporated with the body's own tissues.

An improvement to a natural looking breast is even further advanced by a plastic surgeon who is experienced in techniques that use a patient's own natural tissues – namely, fat grafting. Fat from the areas outside of the breast, such as the belly or thighs, is relocated to enhance the size, shape, and natural feel of the breast. This technique refines areas of the breast where the edge of the implant may be seen or felt, such as the cleavage. Fat grafting provides a natural solution to improve very thin areas of the breast, and allows the patient to use her own tissue, particularly from unwanted areas of excess fat.

In my view, breast restoration is a chance to enhance a woman's confidence and renew her sense of self. As the number of breast cancer

RENEE BURKE, M.D.

PLASTIC SURGERY • BREAST RESTORATION



Renee Burke, M.D., is a Board-Certified plastic surgeon who completed plastic surgery training at Vanderbilt University Medical Center, craniofacial/pediatric plastic surgery training at Miami Children's Hospital, and specialized training in aesthetic surgery of the breast, eyes, and face with renowned oculoplastic and aesthetic surgeon, Mark Codner, M.D., in Atlanta. Dr. Burke's practice serves Barrington and the Chicago region. She is on staff at Advocate Good Shepherd, St. Alexius, and Alexian Brothers. Dr. Burke's focus is practicing both adult and pediatric plastic surgery. She specializes in surgery of the breast, surgical and nonsurgical rejuvenation of the face and eyes, and body contouring through liposculpture.

survivors increases (more than 250 million in the U.S.), women are becoming increasingly educated on the innovations and options available to restore a natural appearing and feeling breast. As a result, more women are electing to have breast restoration surgery and to revise the outcome of prior and unsatisfactory breast surgeries.

The new generation of breast implants, the development of tissues engineered to substitute for your own, and the use of your own fat for additional contouring of the breast, have shaped an exciting, hopeful new era in breast surgery. These advances have been expanded beyond the breast to other areas of plastic surgery, enhancing the ability of a plastic surgeon skilled in these innovations to make you feel confident, beautiful, and whole.

Contact Information:

RENEE BURKE, M.D.
AESTHETIC & PLASTIC SURGERY

18 East Dundee Road

Building 3, Ste. 200

Barrington, IL 60010

847-382-4400

www.ReneeBurkeMD.com

Alden's Transitional Care Prepares Patients for Home

Fear of the unknown is a major concern for those navigating through the health care system. Moving from the hospital setting to skilled nursing and then home can be one of the most stressful transitions for individuals and their families. After leaving the hospital, people still feel weak and may not understand how to manage their health care conditions or whom to call if they have a question or their condition worsens. Poorly managed transitions can lead to unnecessary physical and emotional stress – and readmissions. With the advent of the Affordable Care Act, health care providers are working together even more to make sure individuals remain stable when they return home following a hospital stay.

PROVIDER PARTNERSHIPS

Alden Estates of Barrington is partnering with hospitals in meeting this goal – to assist individuals in regaining their former level of functioning. We help individuals by confirming transfer arrangements and medication lists while they are still in the hospital, providing nursing care and therapy when they come to us, helping them achieve maximum function, and assisting with their transition after discharge, ensuring they have the help and equipment necessary in the home setting.

Alden Estates of Barrington has partnered with local hospitals in an effort to work toward keeping our community healthy and helping people get the rehabilitation and therapy they need to function to the best of their ability. In addition to the 24/7 care and services we provide, we've

partnered with one of our local hospitals in providing a nurse practitioner who follows patients from the hospital to our facility. We meet weekly with the nurse practitioner to discuss each patient's plan of care to ensure that all of their needs are met when they leave Alden.

TRANSITIONAL CARE

The Transitional Care Unit at Alden Estates of Barrington, also known as the TCU, provides specialized, goal-directed care to help individuals recover more completely following a hospital stay. The TCU offers individualized care and services to meet the needs of adult patients who no longer require a hospital setting, but may need some extra time to recover and regain the ability to perform daily tasks. A few extra days for recovery in the TCU can give someone the time needed to regain the strength and function needed to successfully be discharged home.

TCU patients benefit from the availability of a wide range of health care services designed to restore them to their highest level of functioning possible. Post-Acute Rehabilitation Programs in Orthopedics, Cardiac, Pulmonary, and Neurology offer advanced rehabilitation techniques to help patients achieve maximum independence.

Alden Estates of Barrington's Transitional Care nurses are knowledgeable in post-acute protocols and practices. Rigorous staff education and training and required certification in post-acute rehabilitation means our nursing team can provide a similar level of quality, care and services found in the hospital setting.

PATRYK GUSCIORA, RN

ALDEN ESTATES



Patryk Gusciora, RN, is the Transitional Care Nurse for Alden Estates of Barrington, which specializes in short-term rehabilitation, transitional care and post-acute services. In his role, Patryk visits patients in the hospital prior to discharge to help with the transition to the rehabilitation center, oversees their care during their stay and helps in communicating with patients' physicians upon request.

CONTINUUM OF CARE

Patients at Alden Estates of Barrington receive the care and services needed to make a successful transition from hospital to home. We know our patients' goal is a successful return to home so our therapists and nurses work with them to increase their strength and flexibility as quickly and safely as possible. We have a care coordinator who meets with patients and their families to review the care plan as well as discharge goals. Prior to discharge, we arrange for any medical equipment and home health services the patient may need when they return home. After discharge, Alden Estates of Barrington staff make follow-up phone calls to ensure that the transition from Alden is a smooth one.

Alden Estates of Barrington optimizes the transition from hospital to home. Our Transitional Care model of care, intensive therapy, electronic medical records system, highly skilled staff, and a five-star setting promote optimal patient recovery.

Alden Estates of Barrington is the 'Shortest Route to Recovery' offering:

- Transitional Care
- Post-Acute Services
- Rehabilitation
- Orthopedic, Cardiac, Neurology, Pulmonary
- Therapy
- Physical, Occupational and Speech

CONTACT INFORMATION:

Alden Estates of Barrington
Transitional Care & Post
Acute Services

1420 Barrington Road
Barrington, IL 60010
847-382-6664

WEB:
aldenestatesofbarrington.com

The Treatment of Challenging Skin Conditions

A LOCAL DERMATOLOGIST LOOKS FOR ANSWERS TO TREAT PROBLEMATIC SKIN CONDITIONS WITH THE HELP OF CLINICAL TRIALS.

Research of medications in dermatology has been growing for the last 10 years and more than ever before. Many skin disorders became clinically associated with our immune system and thus, treating skin has turned into a systemic treatment in the form of oral agents or injections. Furthermore, it seems like we hear much more about psoriasis and dermatitis, and it is not only due to the celebrity advertising. There are now support groups and professional foundations actively assisting patients through the Internet connection, in finding more details about their diseases and treatment options.

It is also unfortunate that our society, being so aesthetically sensitive, developed a lot of predeterminations causing further psychological problems in individuals with visible skin conditions. It is often what we hear in the treatment rooms from our own patients who seek medical assistance for their skin, but also want to know how to educate those around them about their disease. We've heard stories of firing and job loss over psoriasis on one's hands far too often.

Treatments of skin conditions can be long-term and costly. Often, like in psoriasis, treatment must continue for years and practically never stops. It is critical for us as a community to provide more safe and effective ways of treatment, allowing patients with psoriasis to achieve a normal professional and personal life. It is also our responsibility as a society to make sure that new drugs coming to the pharmacy do exactly that.

One of the ways of taking that responsibility is to actively participate in clinical trials that are the only form of the final drug development. Simply, there is no new medication on the market unless the pharmaceutical company found a doctor-investigator, who, with his medical knowledge and through his own practice, undertook an effort of running a clinical study, and identifying if and how the new drug is working.

Studies are conducted in phases, and the final phase 3 portion of the studies must be com-

pleted before the pharmaceutical company can submit an application for a new drug's approval. Being a part of that final phase provides patients with medical care and treatment at no cost in return for allowing of the sharing of clinical data and outcomes of treatment with the developing company and the FDA. It is only clinical data that needs to be shared and thus, all personal information is strictly confidential.

Responsible doctor-investigators perform all the procedures according to a specific protocol, and they follow general research guidance known as GCP, or Good Clinical Practice. In such a way, through an active participation, patients with particular disorders can become partners in development of the new drug rather than final product users only.

.....
It is critical for us as a community to provide more safe and effective ways of treatment, allowing patients with psoriasis to achieve a normal professional and personal life.
.....

Those long, small print inserts you can find in every medication prescribed are exactly the short-form results from clinical trials done on a given medication. Many patients neglect to read them due to a difficult and often difficult-to-comprehend language.

Reading them, however, is critical and can save lives.

If you would like to learn more about your community-level run clinical research trials, please call Dr. Bukhalo and his staff at 847-392-5440. The research team will be happy to answer general and disorder specific questions about your options.

Please remember that your participation and involvement is free and does not require any insurance information. We are pleased to serve our community Monday through Saturday.

MICHAEL BUKHALO, MD
ALTMAN DERMATOLOGY



Dr. Michael Bukhalo has been working as a principal investigator in pharmaceutical clinical research for over 10 years. He and his staff participated in the development of many skin topical medications and biologics in the treatment of immune system disorders related to skin.

Dr. Bukhalo received his medical degree from University of Illinois in Chicago, and his dermatologic residency at the State University of New York in Buffalo, N.Y. He has been practicing medical dermatology in Arlington Heights since 2004, and is a co-owner of Altman Dermatology Associates. Dr. Bukhalo lives in Arlington Heights and enjoys traveling with his wife and three daughters.

Altman Dermatology's board-certified dermatologists treat a variety of skin conditions including psoriasis, skin cancer, chronic skin disease, and aging. To learn more about the dermatological services provided at Altman Dermatology Associates, or to discuss participation in clinical trials, contact:

ALTMAN DERMATOLOGY
ASSOCIATES

1100 West Central Rd., Suite 200
Arlington Heights, IL 60005
Phone: 847-392-5440

Common Misconceptions of Hip & Knee Problems

JEREMY M. ORYHON, MD, SC

LAKE COOK ORTHOPEDICS

WHAT IS 'ARTHRITIS'?

The term arthritis is often used very casually to refer to any ache or pain in a joint (or even, incorrectly, in an area that is not a joint). I often hear patients say "I have a touch of arthritis" or "I don't think my pain is a big deal, just a little arthritis, but I thought I would get it looked at anyway." This can leave the impression that this is not a serious condition or that there is nothing to be done for it. On the one hand this is somewhat correct. The literal root meaning of the word arthritis is inflammation (-itis) of a joint (arthro). So an achy knee joint could be described as arthritis literally, but this does not describe why. There are many potential causes of an inflamed joint. On the other hand, when an orthopedic surgeon makes the diagnosis of arthritis, he or she is being much more specific and using this term to define an actual disease state. An arthritic hip or knee joint is a complex disease involving the progressive degeneration of the cartilage (or smooth gliding surface which lines the bone ends and makes up the joint articulation) and the surrounding, supporting structures. This degenerative process plays out over time and the cause is usually a combination of genetics, individual anatomy, and previous trauma/injury. As the degenerative process progresses, inflammation (or the body's reaction to this degeneration) causes pain and symptoms. Arthritis is treatable. In the early stages optimizing the strength and function of

the joint is important (such as by doing physical therapy). As the disease progresses controlling inflammation and pain is key. Once advanced to end-stage disease, joint replacement to resurface the bones with a prosthetic gliding surface may become necessary.

WHAT ABOUT THAT NEW TREATMENT?

We are all influenced by advertising on a daily basis. There is no shortage of "new" treatments advertised in newspapers and on TV for the treatment of hip and knee arthritis. It is surprising that with these ads there is a misconception that many treatments available today are new or only available at certain special clinics when, in fact, they have been around a long time and are readily available. There is not really anything revolutionary in the treatment of hip and knee arthritis. Viscosupplementation (gel injections, "rooster-comb" injections) have been around at least since the late 1990's and are offered in almost any orthopedic practice as treatment for osteoarthritis. Reading some ads, you may conclude that this injection was invented last week. Certainly there can be benefits from this treatment but it will not prevent surgery (joint replacement) if surgery is what is indicated. Another "new" treatment is the direct anterior (DA) hip replacement. This is not new either. The surgical exposure was first



Specializes in Joint Replacement and Hip & Knee Arthroscopy

described around 1939 and hip replacements have been performed through this exposure since the 1970s. With modern multi-modal pain regimens and accelerated rehab protocols orthopedic surgeons are still trying to determine if there is a "best" way to do a hip replacement. Doing so is proving hard because hip replacement is so successful in general that determining a difference between two approaches is like splitting hairs. What we do know is that a high volume, well-trained joint replacement surgeon gets the best results.



ORTHOPEDIC SURGERY

PHYSICAL MEDICINE & REHABILITATION

SPORTS MEDICINE

SPINAL SURGERY

SHOULDER, ELBOW & HAND SURGERY

JOINT REPLACEMENT SURGERY

PHYSICAL THERAPY

OPEN MRI

LCOA Physicians (left to right)

Michael P. Young, MD, SC

Mark S. Gross, MD, SC

David E. Norbeck, Jr., MD, SC

Jack B. Perlmutter, MD, SC

David S. Schneider, DO, SC

Craig A. Cummins, MD, SC

Gregory T. Brebach, MD, SC

David M. Anderson, MD, SC

Surbhi Panchal, MD

LAKE COOK ORTHOPEDICS LOCATIONS

Barrington

Lake Barrington Field House

Algonquin

Lake Zurich

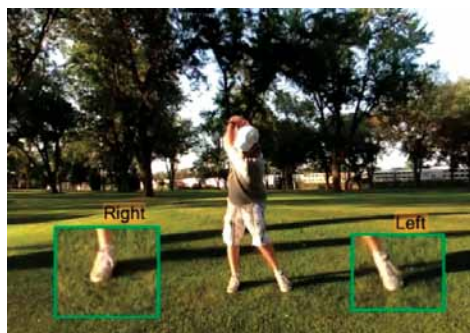
847-381-0388

www.lakecookortho.com

Accelerate Your Golf Swing

The game of golf has continued to advance in popularity over the last decade. Along with it came a better understanding of the mechanics of the swing through new technology and better equipment. For some fortunate players, these advances have also resulted in lower handicaps. Just as there has been a rise in golf's popularity, there has also been a rise in new pain and injury, specifically to the lower back, shoulders, and elbows.

Golfers have assumed that the pain they experience is normal. They will compensate by avoiding the pain through changes in their swing which will not only affect their ability to play, but will do nothing to solve the original problem. By the time



winter in Illinois is over, you've lost the ability to maintain the flexibility and strength needed to carry your training through the off-season, and you're left with pain that just won't go away.

The art and mechanics of the golf swing and the motion, strength, and power required to complete it is amazing, but it also comes with a complexity that places high demand on the movements of the human body. If one body part is limited it will compensate by placing increased stress on another part of the body, and can often result in pain. Gone unchecked, these compensations (and the pain associated with them) become normal. Lessons alone will not fix these problems. It takes specific exercises and hands-on manual therapy to regain the motion and strength needed to work with the mechanics being taught to you

by your local teaching professional.

Just as everyone's swing is different, so are the remedies needed to cure an area of generalized pain. Physical therapists can identify those remedies and assist a golfer to return back to the game pain-free. A physical therapist that is certified as a Nike Golf 360 Specialist can perform an evaluation of the golf swing and identify abnormal patterns using a 3-D assessment tool specific to that individual. The evaluation will include the use of a high-speed camera to capture accurate joint angles during the entire golf swing that will be analyzed using the specialized computer software. This allows the therapist to identify those movements that are compensating for another, and put into clearer focus the potential source of the pain.

Once the source is identified, an individualized plan of care can be created with hands-on therapy and golf-specific exercises. A team approach to this treatment is often beneficial with close collaboration between the golfer, his or her golf professional or coach, and a physical therapist. In some cases, with a doctor's prescription, this therapy can even be covered by insurance.

If identified early and handled properly, pain experienced during the golf swing that is often brushed aside can be neutralized and allow a golfer a quicker and pain-free return to the links.

ALECIA GROUNDS
PHYSICAL THERAPIST

ACCELERATED REHABILITATION CENTERS



Alecia Grounds is a physical therapist at Accelerated Rehabilitation Centers in Barrington. She received her Nike Golf 360 certification in 2012. For more information on the certification, please visit "<http://www.nike.com/nikegolf/ng360/body/fps>". To schedule a golf analysis, or to discuss the benefits of the golf program or any of the other physical therapy services we offer, please call us at 847-381-0372.

Speak with your doctor, or consult your local physical therapist for an injury screening to see if conservative treatment is right for you. To schedule a physical or occupational therapy appointment, or a complimentary injury screening, see contact box at right.

CONTACT INFORMATION

Accelerated Rehabilitation Centers

455 W. Northwest Hwy.,
Unit A
Barrington, IL 60010
847-381-0372

WEB

www.AcceleratedRehab.com